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PVSS23.

PAD patients who undergo more invasive revascularization procedures are more likely to decrease or quit smoking

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Objectives: To determine if PAD patients who undergo surgical revascularization procedures are more likely to change their smoking habits than those who undergo percutaneous revascularization. This study assesses changes in smoking habits following intervention via patient-answered surveys and retrospective chart review.

Methods: Study participants included patients seen between 2005 and 2010 and assigned ICD.9 code diagnoses of PVD, claudication, or PAD. 500 participants were identified belonging to 1 of 3 intervention groups (medical, percutaneous, or surgical), of which 142 submitted surveys. Here we present a preliminary analysis of 55 patients who were active smokers at the time of intervention. An interrater reliability analysis using the Kappa statistic was used to compare survey-reported and medical record documented smoking habit change. A Fisher's exact test was used to compare smoking habit change among percutaneous and surgically treated groups. A logistic regression analysis was performed to determine if surgical revascularization independently predicts a decrease in smoking while controlling for potential confounders. Historical elements were extracted from the medical record and included: ABIs, history of CAD, diabetes, COPD, stroke, alcohol use, and marriage status.

Results: 36% (n=20) of the patients underwent surgical revascularization and 42% (n=23) underwent percutaneous revascularization. The Kappa value was 0.54 ($p<0.001$). 94% of the patients believed that smoking was a significant contributor to their PAD. The Fisher's exact test revealed a higher proportion of patients who quit or cut down on smoking after surgical intervention compared to percutaneous intervention (95% vs 61%, p=0.011). This association remained after controlling for confounders (OR 0.02, 95% CI 0.001-0.47, p=0.03).

Conclusions: Patients with PAD who undergo a more invasive revascularization, such as surgical bypass, are more likely to quit or cut down on smoking than those who undergo percutaneous procedures.

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PVSS24.

Duplex-Guided Office-Based Arterio-venous Fistula Thrombectomy: A Novel Technique

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Objectives: Autologous arterial-venous accesses (AVA) have been shown to be superior to the ones created with synthetic material. Accordingly, several strategies have been developed to extend the salvage rates for failing or failed AVAs. We analyzed our aggressive approach to salvaging acutely occluded AVAs in an office setting using duplex scanning.

Methods: Over 12 months, 14 patients with acute thrombosis of their AVA underwent 18 procedures for salvage at our office. there were 10 (71%) radial-cephalic and 4 (29%) brachial-cephalic fistulas. Presence of thrombus, as confirmed by preoperative duplex, served as the indication for 16 (89%) of the cases. Acute thrombosis during routine angioplasty was the indication for the remaining 2(11%) of the cases. Of the 14 patients, thrombus was located at the perianastomotic AVF in 6 (43%), prx-mid AVF in 6 (43%), mid AVF in 1 (7%), dist AVF in 1 (7%). Treatment included balloon dilation and maseration (group A), 10(56%) or pharmaco-mechanical thrombectomy (group B), 8,(44%). Of the 18 procedures, 13 (72%) were successful.

Results: All patients were treated under duplex-guidance alone. Full restoration of fistula flow was established in 14 cases (78%). Early re-thrombosis (<1 mo patency) occurred in 3 cases (17%), these patients received new fistulas. From group A, 6 (60%) were successful. From group B, 7 (88%) were successful. The 1 case that was unsuccessful was the patient with a history of PCV. Of the 14 patients, 8 (57%) are currently on hemodialysis via fistula. 3 patients (21%) had newly placed fistulas after failed interventions. 2 patients (14%) are not on dialysis yet. 1 patient (7%) with PCV disorder is on dialysis via tesio.

Conclusions: This small series demonstrates that ultrasound alone can be not only be used as an important diagnostic tool preoperatively but also to guide treatment of acutely occluded arteriovenous fistulae.

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S1: William J. von Liebig Forum

SS1.

Safety and Efficiacy of Rapid Autologous Bone Marrow Aspirate Concentrate for the Treatment of Critical Limb Ischemia in Buerger's Disease

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Objectives: Patients diagnosed with critical limb ischemia, have high risk of limb loss and a shortened life expectancy. The end stage of this deteriorating disease